PATENT APP

	Hublicat	ation or Docket Number				
LICATION FEE DETERMINATION RECOR Effective October 1, 2001	10/	705391	6			
AIMS AS FILED - PART I (Column 1) (Column 2)	SMAL TYPE	L ENTITY	OTHER T			

CLAIMS AS FILED - PART						OTHER THAN						
(Column 1)		(Colur	mn 2)	T	YPE	<u></u>	OR	SMALL	ENTITY			
TOTAL CLAIMS							RATE	FEE	-	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	350.00	OR E	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS minus		ıs 20=	*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS mi		min	us 3 =	•			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER SMALL ENTITY OR SMALL E						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total	· 30 ·	Minus	** 3		=	-	X\$ 9≃		OR	X\$18=	
ME	Independent	· 8	Minus .	***	<u>1</u>	= -		X42=		OR	X84=	
F	FIRST PRESE	VTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM			+140=.		OR	+280=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	^	0011.1 CC				
8 12		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM		1	+140=		OR	+280=	
							L A	TOTAL DDIT. FEE		ori	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)		•	·			
O LV		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RĄTE	ADDI- TIONAL FEE
	Total	*	Minus	44		=		X\$ 9=		OR	X\$18=	
TWENDMENT	Independent	*	Minus	***		=-	 	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEI	PENDE	T CLAIN	1	┚╫	+140=	٠.	OR	+280=	
-1				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40° lo 0	olumn 3	L	TOT!		1	TOTAL	4

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

*If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

Palen and Indemark Office U.S. DEPARTMENT OF COMMERCE